| Two months (37 CFR 1.17(a)(2))       \$450       \$225       \$   |             |   | FOR EXTENSION OF T<br>FY 20  | 05   |   |  | Docket Num<br>UCSD1140-  | ber (Optional)<br>1  |            |
|---|-------------|---|--|--|---|--|--|--|------------|
| or METHOD OF TREATMENT OF MITOCHONDRIAL DISORDERS         1 Unit 1614       Examiner P. Spivack         his is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified pplication.         he requested extension and fee are as follows (check time period desired and enter the appropriate fee below):         Fee       Small Entity Fee         One month (37 CFR 1.17(a)(1))       \$120       \$60       \$  | _           |   |  | propriations   | Act, 2005 (H.R. 4   | 818).)   | Filed Noven  | nber 1, 2001   |            |
| t Unit 1614       Examiner P. Spivack         tis is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified oplication.         he requested extension and fee are as follows (check time period desired and enter the appropriate fee below):         Fee       Small Entity Fee         One month (37 CFR 1.17(a)(1))       \$120       \$60       \$  | •           |   |  | ITOCHON  | DRIAL DISOR   |  |  |  |            |
| Provide and provide the period desired and enter the appropriate fee below):         Fee       Small Entity Fee         One month (37 CFR 1.17(a)(1))       \$120       \$60       \$   |             |   |  |  |   |  | Examiner P   | Spivack  |            |
| Fee       Small Entity Fee         One month (37 CFR 1.17(a)(1))       \$120       \$60       \$  |             |   | lest under the provisions of   | 37 CFR 1.13  | 6(a) to extend t  | he period  | for filing a re  | ply in the above i   | dentified  |
| One month (37 CFR 1.17(a)(1))       \$120       \$60       \$60.0         Two months (37 CFR 1.17(a)(2))       \$450       \$225       \$   | The         | e requeste  | d extension and fee are as   | follows (cheo  | ck time period d  | esired an  | d enter the ap   | propriate fee bel  | ow):       |
| Two months (37 CFR 1.17(a)(2))       \$450       \$225       \$   |             |   |  |  | Fee   | <u>Sm</u>  | all Entity Fee   |  |            |
| Three months (37 CFR 1.17(a)(3)) \$1020     \$510     \$     Four months (37 CFR 1.17(a)(4))     \$1590     \$795     \$     Five months (37 CFR 1.17(a)(5))     \$2160     \$1080     \$     Applicant claims small entity status. See 37 CFR 1.27.     A check in the amount of the fee is enclosed.     Payment by credit card. Form PTO-2038 is attached.     The Director has already been authorized to charge fees in this application to a Deposit Account.     The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1896</u> . I have enclosed a duplicate copy of this sheet.     WARNING: Information on this form may become public. Credit card information should not be included on this form.     Provide credit card information and authorization on PTO-2038.     am theapplicant/inventor.    assignee of record of the entire interest. See 37 CFR 3.71.         Statement under 37 CFR 1.34.         Registration number if acting under 37 CFR 1.34.         Signature         Signature         July 7, 2006         Signature         Signature         July 7, 2006         Typed or printed name         Typed or printed name         Telephone Number         OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more then on |             | _   |  |  | \$120   |  | \$60   | \$   | 60.00      |
| Four months (37 CFR 1.17(a)(4))       \$1590       \$795       \$   |             |   |  |  | \$450   |  | \$225  | \$   | <u> </u>   |
| Five months (37 CFR 1.17(a)(5))       \$2160       \$1080       \$  |             |   | Three months (37 CFR 1.1   | 17(a)(3))  | \$1020  |  | \$510  | \$   |            |
| <ul> <li>Applicant claims small entity status. See 37 CFR 1.27.</li> <li>A check in the amount of the fee is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director has already been authorized to charge fees in this application to a Deposit Account.</li> <li>The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1896</u>. I have enclosed a duplicate copy of this sheet.</li> <li>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</li> <li>am theapplicant/inventor.</li> <li>assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</li> <li>attorney or agent of record. Registration Number <u>38.347</u></li> <li>attorney or agent under 37 CFR 1.34.</li> <li>Registration number if acting under 37 CFR 1.34.</li> <li>Registration number if acting under 37 CFR 1.34.</li> <li>Signature</li> <li>Lisa A. Haile</li> <li>Typed or printed name</li> <li>Date</li> <li>(858) 677-1456</li> <li>Telephone Number</li> </ul>  |             |   | Four months (37 CFR 1.17   | 7(a)(4))   | \$1590  |  | \$795  | <u>\$</u>  |            |
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| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).         Image: Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).         Image: Statement under 37 CFR 1.34.  |             | to Depo<br>WARNIN   | osit Account Number <u>07</u><br>G: Information on this form n   | <u>1896</u> . I hav<br>nay become j  | e enclosed a c<br>public. Credit car  | duplicate  | copy of this   | sheet.   |            |
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| Signature       Date         Lisa A. Haile       (858) 677-1456         Typed or printed name       Telephone Number         OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one of the entire interest or their representative(s) are required.   |             | to Depo<br>WARNIN<br>Provide  | Disit Account Number 07         IG: Information on this form recredit card information and a         applicant/inventor         assignee of record         Statement und         attorney or agent   | 1896. I hav<br>nay become p<br>uthorization of<br>d of the enti<br>er 37 CFR 3<br>of record. R   | e enclosed a coublic. Credit car<br>on PTO-2038.<br>re interest. Se<br>3.73(b) is encl<br>Registration Nu                                   | duplicate<br>rd informa<br>ee 37 CF<br>osed (Fc                    | copy of this<br>tion should no<br>R 3.71.<br>orm PTO/SB  | sheet.<br>ot be included on  |            |
| Lisa A. Haile       (858) 677-1456         Typed or printed name       Telephone Number         OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than on   |             | to Depo<br>WARNIN<br>Provide  | Desit Account Number 07         IG: Information on this form recredit card information and a         applicant/inventor         assignee of record         Statement und         attorney or agent         attorney or agent   | 1896. I hav<br>nay become p<br>uthorization of<br>d of the enti<br>er 37 CFR 3<br>of record. R<br>under 37 C                             | e enclosed a coublic. Credit car<br>on PTO-2038.<br>re interest. Se<br>3.73(b) is encl<br>Registration Nu<br>FR 1.34.                       | duplicate<br>rd informa<br>ee 37 CF<br>osed (Fc<br>umber <u>38</u> | copy of this<br>tion should no<br>R 3.71.<br>orm PTO/SB  | sheet.<br>ot be included on  |            |
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| gnature is required, see below.  Total of <u>2</u> forms are submitted.   | I an<br>Li  | to Depo<br>WARNIN<br>Provide<br>the C<br>C<br>C<br>Sa A. Ha                                       | Desit Account Number 07         IG: Information on this form recredit card information and a         applicant/inventor         applicant/inventor         assignee of record         Statement und         attorney or agent         Registration numb         Signature         ile         Typed or printer | 1896. I hav<br>nay become p<br>uthorization of<br>d of the enti<br>er 37 CFR<br>of record. R<br>under 37 C<br>er if acting und<br>d name | e enclosed a coublic. Credit car<br>on PTO-2038.<br>re interest. Se<br>3.73(b) is enclo<br>Registration Nu<br>FR 1.34.<br>der 37 CFR 1.34 _ | duplicate<br>rd informa<br>ee 37 CF<br>osed (Fc<br>umber <u>38</u> | copy of this<br>tion should no<br>R 3.71.<br>orm PTO/SB<br>. <u>347</u><br>July 7, 200<br>(858) 677- | 5 sheet.<br>5 be included on<br>796).<br>6<br>Date<br>1456<br>Telephone Number | this form. |

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2